

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/538392**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*Handwritten notes: A large 'C' is written in the top left of the table. A line is drawn from row 1, column 3 to row 26, column 3. The number '1' is written in row 26, column 3. The number '2' is written in row 37, column 4. The number '1' is written in row 44, column 3. Arrows point to the 'TOTAL' rows.*

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*Handwritten notes: Arrows point to the 'TOTAL' rows.*